

Your NHS- Myths Debunked and the Reforms Explained

Josh Coats (4th year MBChB; BMSc) Benedict Warner (4th year MBChB; BMSc)

Correspondence to: Josh Coats: J.T.Coats@dundee.ac.uk



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ABSTRACT

By the time the Health and Social Care Bill passed into law, becoming an Act, on 20th March 2012, it had garnered almost universal condemnation, with unprecedented agreement between the medical Royal Colleges, the British Medical Association, the Royal College of Nursing, the Royal College of Midwives, and many others – not forgetting nearly 180,000 signatures on the ‘Drop the Bill’ Government e-petition (the second-most signed petition on the site). The Bill, from a government that had promised ‘no top-down reorganisations of the NHS’ at the last general election, represented a glaring democratic deficit. But how did such widespread opposition fall on deaf ears? Perhaps part of the failure of the opposition to the reforms was the difficulty in forming an adequate counter-argument to the huge variety of issues raised by the Health and Social Care Bill. In this article, we will outline the key policies of the reforms and some of their potential consequences as well as indicating how students and citizens may become more involved in the future direction of the NHS.

Key Words: NHS; reforms; politics

Some myths debunked

“The NHS is too expensive!”

Healthcare is expensive, but the NHS, when compared by percentage of gross domestic product spent on health with countries with similar outcomes, is very good value for money.¹ Indeed, the head of health at the OECD, a think-tank funded by wealthy governments, called the NHS one of the best performers in the world, and believes it would have even better outcomes were it not for the regular reforms brought on by successive governments.²

“An ageing population makes reform essential”

Many politicians, when referring to the NHS, acknowledge that reform is inevitable due to the ageing population. However, the assumption that an ageing population makes the NHS unsustainable is not backed up by evidence. A UCL School of Pharmacy report suggested that an ageing population may even reduce the costs to the NHS, if such ageing is healthy. Indeed, increased life expectancy can increase the economic contribution of individuals, and need not be accompanied by increased morbidity – a concept known as ‘compression of morbidity’.³

“The NHS is failing!”

Levels of public confidence and satisfaction in the NHS were higher than in any other country in a recent study by the Commonwealth Fund.⁴ The same study also found that accessibility of healthcare was highest in the UK. In another survey in Autumn 2010 by Ipsos MORI, more members of the public than ever believed the NHS was doing a good job.

However, the results of this latter survey were not published by the Government for over 6 months before they were eventually leaked; instead, the Department of Health showed results from 2007 on its website.⁵ The NHS has also been attacked for declining productivity that again warrants NHS reform. However, Nick Black, from the Department of Public Health and Policy at the London School of Hygiene and Tropical Medicine argued that productivity has probably increased over the past decade, and that the ONS analysis that had claimed decreased productivity had underestimated improvements in quality.⁶

“The reforms will cut bureaucracy”

While the reforms carry out the Conservatives’ pre-election promise to scrap two tiers of bureaucracy in the NHS (the Strategic Health Authorities and the Primary Care Trusts [PCTs]) they will be replaced by two new ones, in the form of the National Commissioning Board and hundreds of Clinical Commissioning Consortia. An arbitrary cut set at 45% in the amount spent on management costs is included in the Bill, but many of the commissioning tasks previously undertaken by PCTs will simply be outsourced by GPs too busy to take on the role, to the profit of private consultancy companies such as McKinsey and KPMG. However, it should be noted that charities (or the tertiary sector) are also competing for outsourced NHS services in addition to private companies. For example, the UK charity Whizz Kidz can provide a fitted wheelchair for a child more quickly than the NHS in parts of the UK for 80% of the cost.⁷ However, a recent Lancet article noted concern that the reform provides no economic protection to charities to enable them to make bids which are likely to be competitive with private healthcare companies.⁸ The authors suggest that without such financial protection from the state, charities will be almost always be out-competed by private companies.⁸

“The reforms do not increase privatisation”

The reforms abolish a cap on the proportion of beds available for private patients within NHS Foundation Trust hospitals. The previous limit was 2% and the Health and Social Care Act has raised this to 49%.⁹ Whether this will increase the number of private patients being treated within the NHS is still being debated but there can be no doubt that there is potential for this and the potential for this to be to the detriment of the care of NHS patients.

What do the reforms aim to do, and why?

In July 2010, the newly elected coalition Government published a White Paper entitled ‘Equity and Excellence: Liberating the NHS’, which set the agenda for the next 5 years. This was the first hint of the upheaval that was to come. Over the following months, the Bill had a stormy ride, with an unprecedented ‘listening pause’ in the face of mounting opposition. Despite this, the Act that passed into law contained many of the most worrying aspects of the Bill.

The Health and Social Care Act is a vast piece of legislation, longer than the one that established the NHS in 1948. It was widely touted as giving power to GPs by handing over 80% of the £100 billion NHS budget to GP-led Clinical Commissioning Groups (CCGs) and dismantling the PCTs that had previously been responsible for commissioning services. It was also intended to reduce the cost of NHS management and bureaucracy by scrapping the 10 Strategic Health Authorities that were responsible for enacting the Department of Health’s directives and implementing fiscal policy at a regional level.

These twin aims, empowering GPs and reducing bureaucracy, were broadly welcomed. But the Act went far further in its reach, and it was frequently these less publicised effects that were belatedly objected to by professional bodies and, eventually, by the public.

A significant change that the Bill introduced was a removal of the Secretary of State for Health's overall responsibility for the NHS. Although he will still have a duty to 'promote' a comprehensive health service, the duty to 'provide' has been removed. As Pollock *et al.* argue in the BMJ, in transferring this duty to CCGs, who are not bound to provide the same statutory services that PCTs currently are, this provides the legal basis for a reduction in the health services provided for free on the NHS.¹⁰

What are the potential consequences of the reforms?

Part of the problem with assessing the potential consequences of the reforms is that we simply do not know what they might be. In preparing the legislation, the Department of Health drew up a register of anticipated risks, ranked according to likelihood and severity for each risk. However, despite repeated Freedom of Information requests, and a direct instruction by the Information Commissioner that they must release this risk register in the public interest, the Government has refused to do so. Many academics, however, have been analysing the Bill for its implications, and have drawn some disturbing conclusions. An academic analysis from the London School of Hygiene and Tropical Medicine describes how the reforms are best understood from the perspective of a narrative based upon the past track record of Conservative MPs such as Oliver Letwin and John Redwood. Both MPs laid out plans for increasing privatisation within the NHS as part of the Conservatives internal market scheme of the 1980s and 1990s.¹¹ The previous history of the Conservative party politicians and political discussions to date, suggests that the 'liberation' of the NHS described by the original White Paper does not refer to the liberation of clinicians from red tape, but rather of the £100 billion budget from the public sector to the private.^{2,8}

Another worrying development is the abolition of area-based responsibilities, in favour of responsibility for registered patients who may be drawn from anywhere in the country. This represents a move towards insurance-based provision, and patients who may not be registered with a GP (e.g. the homeless or undocumented migrants) may not be accounted for. As CCGs will receive capitation fees approximating to £2,000 per patient registered with them, it is not a huge step to consider individual patients with anticipated higher health costs being invited to 'top up' their insurance contributions.¹¹ Healthcare will once more be provided according to ability to pay, rather than medical need.

What can you do?

The reforms represented a democratic failure – a 'top-down reorganisation' for which the coalition government had no mandate, and which, in the face of widespread opposition, flatly contradicted Andrew Lansley's much touted slogan, 'no decision about me, without me'.

Thanks in part to the influence of the Liberal Democrats on the Health and Social Care Act, however, certain institutions were introduced to allow greater democratic control over parts of the NHS – although still a far cry from the democratically accountable service Nye Bevan had envisaged. These include Health and Wellbeing Boards and HealthWatch. Many have argued that even these are toothless.¹⁰ For example, it is very hard to see how such channels could have been used to challenge Virgin's contracts to deliver healthcare in Surrey, signed almost immediately after the Health Bill passed. However, despite these institutions being limited, engaging with these bodies can help challenge the disintegration of the NHS. This

process can work as the transfer of services out of the NHS in Gloucestershire were successfully challenged by a local pensioner who took the PCT to court.¹²

There are other ways citizens can get involved in shaping the future of the NHS. The passage of the Health and Social Care Bill was challenged throughout its journey through Parliament, and student activism played an important role in keeping it in the headlines. Medsin-UK, a student network which campaigns on local and global health inequality issues, succeeded in collecting 2,000 medical students' signatures representing every medical school in the country in under 36 hours, for a petition to drop the bill, and delivered it in person to Downing Street (Fig 1). The 38 Degrees movement, a large online campaigning community with close to one million members, raised funds to erect billboards and provide thousands of leaflets to raise greater awareness of the Bill. UK Uncut, an organisation which aims to promote alternatives to the government's current deficit-reduction plan through direct action, arranged a protest to "Block the Bridge, Block the Bill", encouraging thousands of people to occupy Westminster bridge, which links the Houses of Parliament to St. Thomas' Hospital across the Thames, in October 2011.

Such public engagement needs to be carried forward, despite the passage of the Bill into law. Agenda setting on health remains the domain of the think-tanks and sponsors who influence Government policy.¹¹ The Peoples' Health Movement, a movement of citizens and health care professionals from across the world, aims to return the initiative to the public. In India, they convened thousands of village meetings to build a Peoples' Health Manifesto before elections, and succeeded in translating this into government policy when a coalition government was elected. It is time that such a manifesto emerged here in the UK, set apart from party politics and coming from the people, not the management consultant firms that stand to benefit from the increased outsourcing of commissioning within our NHS. The public know what they would like to see from the NHS. We all share and value the same principles of an equitable, tax-funded system providing care according to need. But while we remain excluded from the process of policy-making, we can only look on as the NHS continues in the opposite direction.



Figure 1 – Committee Members of Medsin handing over the petition to 'Drop the Bill' to Downing Street

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